L15000210064

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Sources Energy Value)		
(Document Number)		
(Boodinesi Nambel)		
Codification of Chabin		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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TALLANKS STAFF FRANK

12/22/15

COVER LETTER

	of Corporations	
SUBJECT:	PENNY WISE F	ROTECTS LLC. mited Liability Company
	Name of El	mice Energy
The enclosed Arti	cles of Organization and fee(s) a	are submitted for filing.
Please return all c	orrespondence concerning this n	natter to the following:
	MANUEL CAC	'.DAC
	TIZNUEL OF	Name of Person
		Firm/Company
	71.11 1115000 87	-06-T
	264 CHERRY ST	Address
	_	
D	lum BEACH GAR	DENS FLORIDA 33410
_	(City/State and Zip Code
PENA	IY WISEPROJECTS! E-mail address: (to be use	DENS FLORIDA 334/0 City/State and Zip Code @ GMAIL. COM ed for future annual report notification)
	nation concerning this matter, ple	
MANUEL	CACDAC at (Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
\$125.00 Filing F	ee □\$130.00 Filing Fee &	□\$155.00 Filing Fee & □ \$160.00 Filing Fee,
·	Certificate of Status	Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		(action) a colored copy (action copy) is consistent of
	Mailing Address	Street/Courier Address
		-
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	
	Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6327	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street/Courier Address Registration Section Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
PENNYWISE PROJECTS LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Cor	apany is:
Principal Office Address: Mailing Address:	·
264 CHERRY ST 264 CHERRY ST PRO FIL 3	STREET
PBG, FL 33410 PBG, FL 3	34/0
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must des	
another	Fig. 5
business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	A STATE OF THE STA
MANUEL CACDAC	
MANUEL CACDAC Name	
264 CHERRY STREET Florida street address (P.O. Box NOT acceptable)	LONIE LONIE
Florida street address (P.O. Box NOT acceptable)	A CO
PALM BEACH GARDENS FL 33410 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above state the place designated in this cartificate. I hereby accept the appointment as registered as	

the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authorize	red to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	LAURA BARRON-CACIAC 264 CHERRY ST PBG FL 33410
MGR AMBR	MANUEL CACDAC 264 CHERRY ST PBG, FL 33410
	
<u> </u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of fili (If an effective date is listed, the date must be specific the date of filing.) ARTICLE VI: Other provisions, if any.	ing: <u>JAM</u> . OI <u>ZOI6</u> . (OPTIONAL) and cannot be more than five business days prior to or 90 days afte
	et an authorized representative of a member. (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of per I am aware that any false information submitted in a constitutes a third degree felony as provided for in s	jury that the facts stated herein are true. a document to the Department of State s.817.155, F.S.)
MANUEL Typ	ped or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization and I of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Designation

Page 2 of 2